

# **EMS** and Trauma **Emergency Grant Application**

Colorado Department of Public Health & Environment HEFMSD – A2

4300 Cherry Creek Drive South Denver, CO 80246-1530 FAX: (303) 753-6214					Use Only Pived Stamp
1. Legal Name of Agency		2. Federal Tax	x ID Number		
3. Grant Contact Person  (Title) (First) (Last)  5. Agency Mailing Address  City:	Zip Code:	<ul><li>4. Phone Nu Day</li><li>6. Agency Str</li><li>City:</li></ul>	Fax	E-mail equired for contract, P. Zip Cod	
7. Legal Status of Agency / Organization (Mark all that apply:)  Private Not For Profit Private for Profit County/City Government State Agency Special District Other:				nt	
8. County Grant Regional Grant State-Wide Grant Individual Agency Grant					
9. Project Area:					
☐ Training	☐ Commur	nications		] EMS or Trauma E	quipment
☐ Ambulance or Other Vehicle	☐ Extrication	on Equipment	De	efibrillator: 🗌 Manu	al
☐ Other:				☐ Autom	natic
I, the undersigned, do hereby attest that the information contained within this application is true to the best of my knowledge. I understand that my application will be disqualified should this statement be untrue.					
Printed Name		Titl	e		
Signature		Da	te		

# STATEMENT OF NEED

In the space below, write a concise statement describing the emergency that you feel will seriously downgrade emergency medical and trauma services in your area (including the cause (was it unexpected?), analysis of possible solutions and impact if grant is not funded).				
Amount requested from EMTS Emergency Fund: \$				
Amount of cash match your agency can provide: \$				
Equipment price quotation attached? Yes No				

## **AGENCY FINANCIAL INFORMATION**

## **Cash Flow Projection for Next Full Fiscal Year**

**YEAR: 20** to 20

	Agency Projection	EMTS Portion of Agency Projection
Cash Balance at the	\$	\$
beginning of year		

<b>Anticipated Revenues</b>	Agency Projection	EMTS Portion of Agency Projection
Local Government	\$	\$
Private Contributions	\$	\$
Investment Income	\$	\$
EMS Fee Revenue	\$	\$
Other	\$	\$

Anticipated Expenditures	Agency Projection	EMTS Portion of Agency Projection
Salaries	\$	\$
Operating	\$	\$
Capital Improvement	\$	\$
Loans	\$	\$
Other	\$	\$

	Agency Projection	EMTS Portion of Agency Projection
Anticipated Cash Balance for end of next Fiscal Year	\$	\$

# ADDITIONAL INFORMATION

1) 2)	<ol> <li>In the space below</li> <li>Explain the purpose of your cash balance; i.e. reserve, building fund, etc.</li> <li>Explain any loan payments you are currently making.</li> <li>Explain any capital improvement purchases you intend to make.</li> </ol>				
	ne space below, please list other sources have pursued to alleviate the current en		funding from or other avenues		
<b>y</b> - x		, , , , , , , , , , , , , , , , , , ,			

Please attach any documentation that you feel will help support your request.



# EMS & Trauma Emergency Grant Attest Form

Colorado Department of Public Health & Environment HFEMSD – A2 4300 Cherry Creek Drive South Denver, CO 80246-1530 **IMPORTANT** – this form must be signed.

1.	Legal Name of Agency		2. Federal Tax ID Number Yes, I have attached my W-9 Form
	DBA (Doing Business As – If Applicable)		
3.	Grant Contact Person		4. Phone Numbers
			Day: Pager:
	(Title) (First) (Last)		Fax: E-mail:
5.	Agency Mailing Address		6. Agency Street Address (Required for contract, P.O. Box not
			accepted)
	City:	Zip Code:	City: Zip Code:
		=	-

### **Authorized Agent**

The individual, whose name and signature appear below, has been designated by the agency/organization listed above as the Authorized Agent to complete and submit this grant application on its behalf. The agency/organization agrees to comply with the rules and regulations governing the *State of Colorado EMS Grants Program* concerning grant requests.

#### **Financial Information**

- 1. The Authorized Agent attests to the agency or organization's ability to provide the matching funds (50%, 40%, 30%, 20% or 10%) to complete the purchase of the grant award, should the agency be awarded state funds.
- 2. The Authorized Agent is aware that EMS vehicles and equipment purchased must be without any financial liens and without the item being used as collateral to secure a loan of any kind.
- 3. The Authorized Agent attests that, to the best of his/her knowledge, the information contained herein, with regard to the Agency's financial condition, is true, accurate and correctly reflects the financial condition of the agency/organization.

### **Notification of Affected Entities**

By signing below, the Authorized Agent also attests to the fact that:

4. The agency(ies)/organization(s) affected by the possible outcome of this grant request, including but not limited to agencies/organizations listed in this application if it is a multi-agency application, has(have) been notified and has(have) agreed to its submission.

### Applicant Duties and Obligations Should Funding be Awarded

Should the agency/organization listed in this application receive funding under this grant application, the agency/organization (hereinafter referred to as "grantee") shall, and affirmatively promises to, comply with all of the provisions set forth in items 5 -8 below.

- 5. The grantee shall use grant funds received under this grant to complete all aspects of its grant application, and shall not use such funds for purposes other than this.
- 6. The grantee shall submit quarterly progress reports to the Colorado Department of Public Health and Environment, EMS Section (hereinafter referred to as "the State").
- 7. Requirements for Training and Education Grants
  - For any training or education requests funded from this application the grantee shall comply with the following terms and conditions:
  - A. Reimbursement for all travel expenses associated with the training or education program shall be made in accordance with the then current state of Colorado reimbursement rates for travel as specified in the Fiscal Rules of the state of Colorado.
  - 3. Written proof of the successful completion of any training or educational program shall be submitted at the same time as the invoice requesting reimbursement for that training or educational program.
  - C. If the grantee provides a training or educational program, then the grantee shall acknowledge the use of emergency medical and trauma services account grant funds in all public service announcements, program announcements, or any other printed material used for the purpose of promoting or advertising the training or educational program.

- D. If the grantee provides a training or educational program, then the grantee shall develop and utilize a course evaluation tool to measure the effectiveness of that training or educational program. The grantee shall submit a copy of all evaluation reports to the State upon completion of the training or educational program.
- Requirements for Equipment Grants

For any equipment purchases funded from this application, the grantee shall comply with the following requirements.

- A. The grantee shall provide the state with written documentation of the purchase of the specified equipment.
- B. All communications equipment shall be purchased from the State award for communications equipment, or from another vendor for a comparable price and quality. If the grantee desires to purchase communications equipment that is not listed on the State award then the grantee must complete, with the State's assistance if needed, an informal competitive solicitation process before purchasing that equipment. If a competitive solicitation process is used, then the grantee shall purchase the communications equipment from the lowest bidder whose bid meets the bid specifications.
- C. If the grantee desires to purchase emergency vehicles other than ambulances, then the grantee must complete, with the State's assistance if needed, an informal competitive solicitation process before purchasing that equipment. The proposed specifications for these emergency vehicles must be approved by the State prior to the initiation of the informal competitive solicitation process. If a competitive solicitation process is used, then the grantee shall purchase the emergency vehicles from the lowest bidder whose bid meets the bid specifications.
- D. If the grantee desires to purchase medical equipment, then the grantee must complete, with the State's assistance if needed, an informal competitive solicitation process before purchasing that equipment. If a competitive solicitation process is used, then the grantee shall purchase the medical equipment from the lowest bidder whose bid meets the bid specifications.
- E. During the initial term and any renewal or extension term of the contract or purchase order issued to convey funding to the grantee, and after the cancellation, termination, or expiration date of said contract or purchase order, the grantee shall acquire and maintain personal property casualty insurance for the replacement value of all equipment it purchases under this grant for the useful life of that purchased equipment.
- F. The grantee shall keep inventory control records for all equipment it purchases. The grantee shall obtain the prior, express, written consent of the State before relocating or reallocating any equipment it purchases.
- G. The grantee shall provide the State with a picture of each piece of equipment it purchases. The grantee may submit a picture of a piece of purchased equipment at any time, but in no event no later than the date the grantee's final progress report is due to the State.
- H. The grantee shall maintain all equipment it purchases in good working order, normal wear and tear excepted. The grantee shall perform all necessary maintenance services for all equipment it purchases in a timely manner and in accordance with all manufacturers' specifications and all manufacturers' warranty requirements. The grantee shall keep detailed and accurate records of all maintenance services it performs on all equipment it purchases.
- I. The grantee shall repair or replace all purchased equipment that is damaged, destroyed, lost, stolen, or involved in any other form of casualty.
- J. If the grantee ceases to provide emergency medical and trauma services in the state of Colorado, then all equipment purchased under this grant shall either be placed with another operating emergency medical services provider in the state of Colorado, or be sold at public auction for its then fair market value. That portion of the sale proceeds which equals the State's initial financial contribution towards the purchase of that equipment shall be refunded to the State by the grantee. The grantee shall obtain the prior express written consent of the State prior to any relocation or sale of any purchased equipment.

equipment.		
First Name:	Last Name:	
		Title
	Name of Authorized Agent	riue
		X
		Daytime Phone Number
		•
	Signature of Authorized Agent	Date
	·	
	Are you requesting a defibrillator or a	a cardiac monitor?
First Name:	Last Name:	
	Name of Medical Director	Physician License Number
		·
	Signature of Medical Director	Date
		34.0